

DMHAS
COVID-19 FREQUENTLY ASKED QUESTIONS
Reviewed and approved by DPH

May 17, 2020

Please note the following:

- If you are experiencing any symptoms while at work, you must notify your supervisor and leave work immediately. Please contact your primary care provider to be evaluated.
- If you are waiting for test results, do not report to work. Please call your supervisor for advice on next steps.
- Once you are symptom-free, you will need to contact your supervisor and provide HR with medical documentation that you have been cleared to return to work. Additionally, facility medical director's clearance is required to ensure compliance with our COVID-19 guidelines for return to work.
- If symptoms are worsening, contact your primary care provider.
- Wear facemask and keep social distance as possible whenever you are in the facility, including in staff lounges or locker, except when eating.
- Do frequent hand hygiene especially with touching PPE or possibly contaminated surfaces.

What are the COVID-19 symptoms?

Fever	New loss of taste or smell	Chills
Cough	Muscle pain (body aches)	New headaches
Shortness of breath	Sore throat	Shaking with chills

Note: This is not a complete list of symptoms. *Please contact your primary care provider if you experience any unusual symptoms.*

Note: *Individuals with either cough or shortness of breath (or both), or with at least two of the other symptoms may have COVID-19*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/guidance-identify-hcw-patients.html>

Who is at high risk of developing complications from COVID-19 infection (high risk class)

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

- Age >60; BMI >30; Diabetes; Smokers
- Moderate to severe asthma
- Chronic heart, liver, kidney or lung disease
- Those receiving treatment for cancer; Immunosuppressing illness or medication

STAFF AND COVID-19

1. Who should be tested for COVID-19?

- Employees with symptoms.
- Employees without symptoms (asymptomatic) were not being tested routinely due to limited accuracy of the test unless symptoms are present. However, asymptomatic employees with high risk exposure at work or home, may be tested on a case by case basis, especially if they work directly with patients.
 - There is currently an effort by the state to test all healthcare workers regardless of symptoms, in keeping with CDC statement that “Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans” are being prioritized for testing.
 - It is important to note, however, that a negative test does not necessarily exclude a person from developing an infection as early as one day after the testing was done. Therefore, close monitoring for symptoms and temperature should continue.

For more information, please see:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

2. Where can I get tested for COVID-19?

- A. There are multiple CVS drive-through testing sites in Connecticut. Access to the testing site is by vehicle only. It is recommended that each vehicle contain only one person who must remain in the vehicle at all times. Please look online for the testing site nearest to you. Although there are reserved slots for staff, staff may be able to access additional slots if they remain open and unfilled for the day.
- B. DMHAS employees providing direct care may be able to register for the reserved slots through the CVS portal: <https://www.cvs.com/minuteclinic/covid-19-testing> . Staff can indicate on the online registration forms that they are a healthcare worker. Once registered, staff must bring a personal ID and department badge for identification when they get in for testing.
- C. The registration portal does not allow an appointment to be scheduled if you are not symptomatic. However, asymptomatic staff may be tested by contacting their facility CEO.
- D. Staff who get tested for COVID-19, whether through the CVS drive-through site or some other testing arrangement, should communicate test results to their facility CEO. It is particularly important for each facility to keep track of employees who access

COVID-19 testing through this CVS drive through mechanism since this information may be requested at some point in the future.

3. If I am tested, when do test results become available?

- The rapid COVID-19 testing results will be available in 30 minutes. Staff may not be informed of the result for a couple of hours, however. Non-rapid test results will be available in 24 hours.

4. What should I do if I develop symptoms?

- A. If you are experiencing any symptoms while at work, you must don a mask immediately, notify your supervisor and leave the hospital or other workplace as soon as possible. Contact your primary care provider to be evaluated.
- B. If you develop symptoms while at home, stay home and notify your supervisor as soon as possible. Contact your primary care provider to be evaluated.
- C. You may also schedule yourself for rapid testing at one of the designated testing sites.

5. If I have a positive COVID-19 test, what should I do and when should I return to work?

- A. Stay home and self-isolate
- B. Contact your supervisor and Human Resources Department as soon as possible and follow recommendations about absence from work.
- C. Contact your primary care provider for instructions regarding treatment and follow up.
- D. You will return to work when:
 - 14 days have passed from the onset of symptoms. CDC says 10 days, but we are being more cautious.
 - You are symptom-free
 - You are fever-free without taking fever-reducing medicine such as Tylenol and anti-inflammatory medications for 72 hours (Note: most people will be out for at least 14 days after a COVID-19 positive test, but it may be longer).
- E. Re-contact Human Resources for return to work clearance.
- F. The Human Resources Department will contact the staffing office and/or your supervisor.

6. If I have COVID-19 symptoms but I tested negative for COVID-19, what should I do?

- A. Stay at home and notify your supervisor as soon as possible.
- B. If COVID-19 like symptoms persist or do not improve despite a negative test, or if you are in a high-risk class (defined above),
 - Stay at home and maintain isolation protocol
 - Contact primary care provider
 - Repeat test in 3-5 days. If second test is positive refer to **Q5** for when to return to work. If both tests are negative, refer to **Q6C**

- C. For low suspicion of COVID and low risk class, you must be symptom and fever-free (off fever-reducing medicine such as Tylenol and anti-inflammatory medications) for the duration of time required by your diagnosis before returning to work.
 - D. Contact Human Resources Department and follow recommendations about absence from work.
 - E. Notify your supervisor and Human Resources as soon as possible and let them know your expected return to work date.
- 7. I tested positive to COVID-19, but I have had no symptoms. When should I return to work?**
- Self-isolate at home and return to work 14 days after the test was done (time-based strategy), if you remain symptom free. If you develop symptoms within that timeframe, follow recommendations as described earlier, refer to **Q4**.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- 8. If I am tested at the Rapid Test Center, what are my next steps?**
- A. If you are waiting for test results, do not report to work.
 - B. For a positive test result, proceed with isolation protocol for COVID-19 and contact your primary care provider, your supervisor and DMHAS Human Resources Department.
 - C. For a negative test result:
 - If you are asymptomatic, return to work wearing a mask at all times. Additionally, perform frequent hand hygiene and maintain social distance of at least 6 feet as much as possible.
 - If you have COVID-19 like symptoms, follow instructions as in **Q5**
- 9. If the infection can be transmitted by asymptomatic people, why shouldn't all asymptomatic contacts of suspected or confirmed COVID positive people be tested?**
- The capability of the current best tests to detect infection is highest 3-5 days after onset of symptoms.
 - The chances of the tests detecting infection in asymptomatic COVID-19 positive people are lower. Therefore, a negative test result could be a false negative, giving you and your contacts a false sense of safety. Additionally, with limited test kits available, it makes sense to reserve testing for people with symptoms until testing becomes readily available.
 - *More information:* <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-informs-public-about-possible-accuracy-concerns-abbott-id-now-point>

- According to WHO, there are few reports of laboratory-confirmed cases who are truly asymptomatic, and to date, there has been no documented asymptomatic transmission. This does not exclude the possibility that it may occur.
 - *More information:* <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200402-sitrep-73-covid-19.pdf>

10. Why shouldn't we test all staff with COVID-19 antibody (or Serology) test, so we know who is immune from the disease?

According to the FDA (and CT DPH):

- The FDA is not aware of any antibody (or serologic) test that can prove a current COVID-19 diagnosis.
- Until further studies are conducted, these tests cannot reliably determine who might have had COVID-19 and who might be immune to COVID-19. It is not clear if antibodies confer immunity, and if so, how strong it is and how long it lasts.
- It is important to note that most of the antibody test kits have not been reviewed or approved by the FDA
- It may take as long as 2 weeks or more to develop antibodies. Therefore, negative results do not rule out SARS-CoV-2 infection because false negative results may occur if tested less than 1 day after onset symptom, prior to the rise in IgG levels (immunity response).
- Inappropriate use may create risks to those who presume they are protected and to those with whom they interact
- They should not be used to make clinical decisions at this time. *More information:* <https://www.cdc.gov/coronavirus/2019-ncov/lab/serology-testing.html>

11. I am concerned that I have been exposed to COVID-19, do I need to stay at home?

- A. The risk of exposure is dependent on the distance from the infected person (less than 6 feet) and the duration of time exposed (greater than a few minutes), referred to as “significant exposure.” If you and/or the COVID-19 positive person were wearing a mask, the risk is lower. If you have no symptoms, you can report to work wearing a mask at all times. Adhere to frequent hand hygiene, social distancing as much as possible, and twice daily fever and symptom monitoring, preferably at the beginning and end of shift. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
- B. If you live with a household member who has COVID-19, you will have a high risk of contracting the virus. Self-quarantine for 14 days is recommended. Quarantine means a separate bedroom and/or bathroom, if possible, not sharing personal items and giving the person who is sick personal cleaning supplies such as tissues, paper towels, cleaners. Adhere to twice daily fever and symptom monitoring. You must keep 6 feet or more from the ill household member during this time. If you have symptoms, follow recommendations described in Q4. If you

are taking care of a household member with COVID-19, see full guidelines for home isolation (last page below).

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

12. I was exposed to a COVID positive patient at work and I don't feel comfortable going home and bringing an infection to my family. Where can I stay?

- The State of CT has provided hotel accommodations for eligible staff members. Please contact your CEO for guidance and list of hotels

13. I have just returned from travel (by air, sea or road) from another country (or another state), should I quarantine at home for 14 days?

- In most cases, you can report to work as long as you do not have symptoms. Wear a face mask at all times while in the facility, adhere to frequent hand hygiene and social distancing as much as possible, and twice daily fever and symptom monitoring. However, if you have returned from a country with widespread ongoing transmission of COVID-19 (China, Iran, Most of Europe), you should self-quarantine for 14 days.

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

WORKING WITH PATIENTS

14. I work directly with patients. Do I need an N95 mask? Should I be fit tested for N95?

A. According to CDC recommendations, N95 masks are reserved for certain situations:

- Staff working directly with patients who are COVID-19 positive or suspected of being COVID-19 positive.
- When doing nebulizer treatment for any patient or when placing a patient on CPAP machine. If an N95 fit testing has not been done or if N95 is not available, these procedures should be avoided, if possible. If not possible, see the last bullet of Q14A
- Staff performing CPR
- During restraint/seclusion of an agitated or aggressive patient
- Soiling-prone activities such as when toileting and showering patients
- Housekeeping staff doing terminal cleaning and disinfecting of a room or areas with suspected or confirmed COVID-19 patients or staff
- In all these situations, a face shield, gown and gloves should be worn in addition to the N95 mask

○ *In the absence of an N95 mask, staff should wear a surgical mask with face shield that covers the entire front (that extends to the chin or below) and sides of the face.*

- B. For a staff member working with non COVID positive patients, a surgical/procedure mask is recommended at all times within the facility except when eating.
- C. Staff working directly with patients should be fit-tested for N95 as medically appropriate to be ready to use them when the situation demands.

More information: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

15. I work with COVID-19 positive patients- do I need a cover for my shoes?

- Disposable shoe covers are not part of the recommended PPE for caring for someone with COVID-19.

16. I see patients both inpatient and outpatient. Should I wear my cloth (homemade) mask when meeting with them?

- No. Cloth masks are not considered PPE, since their capability to protect the wearer is unknown
- Surgical/procedure masks should be worn at all times when interacting with patients
- However, in the absence of surgical masks, a cloth mask may be worn in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.
- Cloth masks may be worn in nonpatient care areas

More information: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

17. Staff members are being floated from compromised areas where patients and staff have tested COVID-19 positive (building to building or unit to unit) to non-compromised areas. Would it not be wise to mandate or give overtime per unit, keeping staff on the units and in their building to decrease or stop the risk of cross contamination?

- If it were possible, that would be the best thing to do, to cohort staff by dedicating certain staff to take care of COVID-19 positive patients while dedicating other staff to non-compromised units. However, this is not always possible because decisions of coverage are dependent on the availability of appropriate staff.
- The CDC and DPH have established protocols for cohorting staff and patients following massive testing, into positive, negative and exposed groups.

More information:

- <https://www.geercares.org/wp-content/uploads/2020/05/LTC-Point-Prevalence-Testing-Cohorting-Guide-2020.05.11.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

18. Is it true that the virus could be passed from person to person while taking walks or running in the park?

- If no one is around while you are walking or running in the park, there is no need to wear a mask. However, if you have to interact with people, you do have to wear a mask, keep social distance of 6 feet or more and keep your hands away from your face.
- The longer you are with a COVID-19 positive person, the more likely you are to contract the virus. Therefore, it is better to have your mask with you.

19. When should a COVID positive patient in isolation be safely returned to their unit? Should they have two negative tests as recommended by the CDC?

- The CDC has two different recommendations for determining recovery from COVID-19 illness; test-based strategy and symptom- (or non-test-) based strategy. Both are equally effective.
- A patient may be safely returned to their unit when the patient has met or exceeded CDC symptom-based criteria for recovery from COVID-19 infection:
 - No fever for 72 hours without fever-reducing medications
 - No (or markedly improved) symptoms
 - 14 days have passed since onset of symptoms. Note: CDC says 10 days, but we are being more cautious.
 - Some patients might require isolation longer than 14 days after onset of recovery. Such determination should be made on a case-by-case basis by the facility medical director or designee
- For patients with severe symptoms requiring hospitalization in an acute care medical hospital, or immunocompromised patients the test-based criteria for return would be required of the referring hospital. The test criteria are:
 - 2 negative COVID-19 test results more than 24 hours apart.
 - In addition, the patient will be placed in isolation until at least 14 days have passed since the onset of illness before they can return to their unit of origin.
- For COVID-19 patients who are on isolation for other infectious illnesses such as C. diff or VRE, those isolation and PPE requirements must continue after COVID isolation has been discontinued.

More information: <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy->

20. Why are we still getting new admissions (from the Department of Corrections or elsewhere) and why transfer patients between units?

- We are taking new admissions because even at a time such as this, we have an obligation to take care of patients in need this level of care. Every patient should be treated at a level of care commensurate with their clinical need. That includes transferring them to a more appropriate unit or facility as necessary.

21. When we admit new patients what should we do to ensure they don't bring COVID-19 infection to our unit?

- New admissions from the community should be tested for COVID-19 at admission. Admissions from another hospital should be tested for COVID-19 at the referring hospital before transfer.
- New admissions should be quarantined at least until the result of the test is obtained. Thereafter, they will be placed on a unit commensurate with the result of their test. If cohorting of patients have not occurred, they will be placed in quarantine for 14 days if possible, even if the result is negative. The decision should be made on a case-by-case basis as quarantine may not be feasible or applicable for admissions to Addiction Services Division or of agitated/aggressive patients.

22. If the unit is in quarantine, should all the patients on that unit be tested (if there are enough tests available), or only symptomatic patients as we currently do?

- As testing becomes more available, recommendations for testing persons that have been exposed but are not yet sick are likely to change. All exposed patients may then be tested and placed on a unit commensurate with the test result.
- It is important to note, however, that a negative test does not necessarily exclude a patient from developing an infection as early as one day after the testing was done. Therefore, close monitoring of patients for symptoms and temperature should continue.

23. If a unit is quarantined, how long does it take to know that no one else on that unit was infected with the virus?

- The incubation period for COVID-19, that is, how long it will take for someone exposed to the virus to get sick, is 14 days. If no illness develops by 14 days, it is unlikely the person exposed will get sick. Therefore, the recommended time for the exposed person to be in quarantine for monitoring for symptoms is 14 days.

24. When a COVID-19 positive patient in an isolation room has recovered, how long do we wait before placing someone else in the room? How should we clear the air?

- Close off room or area used by the COVID-19 positive person
- Open windows to increase circulation
- Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible
- Clean and disinfect the room and all areas used by the COVID-19 positive person, including bathroom, table surfaces, common areas, shared electronic equipment, touch screens, keyboards, remote controls, and so on.
- Once area has been appropriately disinfected, it can be opened for use. No additional time is needed.
- All rooms should to be terminally cleaned between patients regardless of the time the room was left unoccupied

More information: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

25. Is it safe to reuse my N95 masks? Is the decontaminated mask safe to wear?

- Due to shortage of PPEs, including N95 masks nationwide, the CDC recommends maximizing use of available N95 by using re-useable PPEs that can be re-processed, using PPE beyond the manufacturer-designated shelf life for training, and extending use of respirators, facemasks, and eye protection, beyond a single patient contact.
- Decontaminated N95 masks are effective and safe. Staff using these masks should note the following:
 - Clean hands with soap and water or an alcohol-based hand sanitizer with at least 60% alcohol before and after touching or adjusting the N95 mask.
 - Avoid touching the inside of the mask.
 - Use a pair of clean (non-sterile) gloves when donning the mask and performing a user seal check.
 - Visually inspect the mask to determine if its integrity has been compromised.
 - Check that mask components such as the straps, nose bridge, and nose foam material did not degrade, which can affect the quality of the fit, and seal.
 - If the integrity of any part of the mask is compromised, or if a successful [user seal check](#) cannot be performed, discard the mask and try another mask.
 - Users should perform a [user seal check](#) immediately after they don each mask and should not use an N95 mask on which they cannot perform a successful user seal check.

More information:

- https://www.fema.gov/media-library-data/1587131519031-6501ee8a0ce72004832fa37141c53bc0/PPE_FACTSHEET.pdf

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>
- <https://www.nih.gov/news-events/news-releases/nih-study-validates-decontamination-methods-re-use-n95-respirators>

26. When doing Mobile Crisis work we try to use social distancing but sometimes it is not possible. Since we do not have N95s are cloth masks or procedure masks more effective? Is being outside better than being in someone's home?

- Yes, being outside is better than being inside when possible.
- Procedure/surgical masks are recommended for interacting with your patients unless the patient is suspected or confirmed COVID-19 positive, in which case N95 mask is preferred. You may use a cloth mask when a procedure mask is not available as described in Q16.

27. When meeting face to face with a client in the community with social distancing, am I more at risk if I have a mask on and they have none. Should I give that person a mask to wear before we speak?

- Ideally, both persons should be wearing a mask in these types of interactions. Offer the patient a mask to wear. Masks are most effective at reducing the droplets of virus from a sick person (or a person who is infected but does not yet know they are sick) from getting into the air.
- Also, make every attempt to remain 6 feet distant from the patient as possible.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

28. What type of mask should I wear when doing behavioral codes, giving IM injections or other interventions with a patient who is struggling or agitated, and social distancing cannot be maintained?

- In situations when the patient's COVID-19 status is unknown, an N95 mask is preferred for protection, in addition to gloves, gown and face shield.
- However, a surgical mask may be used in conjunction with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. See Q14.

29. What should we do if a COVID-19 positive patient refuses to stay in isolation?

- A. Inform the facility medical director and CEO as soon as possible.
- B. The measures described below is also applicable to an individual with suspected COVID-19 symptoms who is refusing to quarantine before the result of tests are obtained or refusing to quarantine and to be tested.
- C. Every attempt should be made to assist and encourage the patient to adhere to isolation requests using positive reinforcers, family and staff members with best relationship with

the patient, as appropriate and necessary. If all measure fails to achieve compliance, proceed to **Q29D, E&F**

- D. For outpatients, the medical director or designee will evaluate the patient, and transfer the patient to a hospital if the patient's symptoms of severe mental illness have deteriorated to such extent that the patient is unable to comprehend or follow instructions to isolate, and need inpatient hospitalization for treatment
- E. If an outpatient does not meet civil commitment criteria, contact the regional public health director for authority to hold the patient in isolation pursuant to Connecticut General Statute Sec. 19a-131c. Information given to the public health director should include all attempts made to keep the patient in voluntary isolation at their residence or at a least restrictive placement and why they were unsuccessful. With the order of the regional public health director to involuntarily isolate the patient, the patient may be held in the isolation room identified by the residential facility, or at another location designated by the local public health authority for isolation of uncooperative individuals living in the community. The patient will be freed from isolation after meeting the CDC criteria for recovery from COVID-19
- F. For inpatients refusing isolation, the unit psychiatrist and the medical director will evaluate the patient to determine if acute symptoms of mental illness have impaired the patient's ability to adhere to requests to stay in isolation, and immediately institute appropriate treatment. If the patient remains unable or unwilling to stay in isolation despite treatment and interventions described in **Q29C**, contact the regional public health director and follow the protocol described in **Q29E** (regarding information provided to public health director). The patient will be held in a designated isolation room/unit within the hospital at the order for involuntary isolation from the local public health director. The patient will be returned to the unit as described in **Q19**.

HUMAN RESOURCES

30. I have just learned I tested positive for COVID-19. What is the process for contacting staff and patients I recently worked with?

- A. The employee should contact their supervisor and HR. The supervisor will speak with the employee to identify the people with whom the employee interacted while at work and the places the employee occupied during the period 48 hours before the employee developed symptoms, including when the employee was last at work. The supervisor will submit the names of the staff's contacts to HR for completion of the "Contact Sheet for Employees Who Have Worked in the Office" per CDC guidelines. HR shall also notify the employee about the various leave rights/accruals available to them.
- B. Leadership of the unit the staff worked in during the period of interest/exposure should inform potentially exposed patients, perhaps via a community meeting

31. What happens after an employee has used the total entitlement of 14 calendar days paid leave under 5-248(a) as a result of being directed by a medical provider or government official to self-monitor at home due to potential exposure to COVID-19 or underlying medical condition and for whom telework is not an option?

- If the employee remains directed by a medical provider or government official to stay at home for self-monitoring beyond 14 calendar days, the employee can use the appropriate sick leave accruals.

32. Who is qualified to telework?

- Each facility CEO or OOC manager has the discretion to make decisions on the basis of its operational needs and existing resources (including IT resources).

33. I am in the high-risk class described above but I work in an inpatient unit and I cannot telework, what options are available to me?

- If telework is not possible, employee will be paid for the scheduled, non-worked hours within a 14-day calendar period under 5-248(a).

34. I work at WFH and I have been told I cannot work from home. Why not?

- The agency has been notified by the Office of Labor Relations that under no circumstances can an employee in a hazardous duty job be allowed to telework.

35. Is any additional compensation or compensatory time authorized for employees designated as Level 1 who must report to work?

- No.

36. What happens after an employee has used the total entitlement of 14 calendar days paid leave under 5-258(a) as a result of being sick with COVID-19 or COVID-19 like symptoms, or while caring for a sick family member with suspected or confirmed COVID-19?

- If the employee remains sick or the family member remains sick and still requires care, the employee can use the appropriate sick leave accruals. If applicable, donated sick leave, advanced sick leave or extended sick leave apply.

37. If an employee is out on paid leave for the 14-calendar day period due to school closure and then this same employee becomes sick with COVID-19 or COVID-19 like symptoms, would the employee be entitled to paid leave for another 14-day calendar period based upon the current guidelines?

- No. An employee is entitled to a singular 14-day period of paid leave under 5248(a), commencing on the date the first qualifying event begins. There is no additional paid leave provided under 5-248(a) for subsequent or multiple events.

38. What type of documentation is required for me to return to work?

- A. Return to work clearance documentation from the treating medical provider to HR. Additionally, facility medical director's clearance is required to ensure compliance with our COVID-19 guidelines for return to work.
- B. Return to work clearance is required for either positive or negative test results.
- C. Notify your supervisor upon receipt of return to work clearance.

39. If I have a medical condition that may put me at increased risk of COVID-19, how can I apply for a restriction or reassignment?

- Contact HR.

40. Can an employee be required to return to work who has been approved to attend classes for career mobility?

- Yes. Classes have either been canceled or are now offered on-line allowing the employee to take the class during off hours. At this time, proper levels of staff must be maintained to meet agency operational needs.

Home Isolation Guidelines

If you are caring for someone with COVID-19 at home or in a non-healthcare setting, follow this advice to protect yourself and others (per CDC):

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

- Stay in one room, away from other people as much as possible.
- If possible, use a separate bathroom.
- Avoid sharing personal household items, like dishes, towels, and bedding.
- If facemasks are available, have the sick person wear a facemask when around both you and others.
- If the sick person can't wear a facemask, you and those around you should wear a facemask if available.
- Wash your hands often with soap and water for at least 20 seconds, especially after interacting with the sick person. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth.
- Every day, clean all surfaces that are touched often, like counters, tabletops, and doorknobs
 - Use household cleaning sprays or wipes according to the label instructions.
- Wash laundry thoroughly.
 - If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering. Wash your hands immediately after removing gloves.
- Avoid having any unnecessary visitors.
- For any additional questions about their care, contact their healthcare provider or state or local health department.